

ND MEDICAID CODING GUIDELINE

Effective: 7/1/2013

Revised: 8/15/2013; 06/09/15

S2083 – Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

ICD-9-CM CODE: V53.51– Fitting and adjustment of gastric lap band

ICD-10-CM CODE: Z46.51 — Encounter for fitting and adjustment of gastric lap band

Indications for use: Adjustment of a gastric lap band is indicated after the gastric lap band has been placed.

COVERAGE CRITERIA:

- Adjustment of a gastric lap band will be allowed/reimbursed when the gastric lap band (*placement*) procedure has been PRIOR approved and a service authorization number has been assigned by Quality Health Associates (QHA)
- Service authorization is required for the adjustment of a gastric band that was inserted in another state or prior to becoming ND Medicaid eligible and will be reviewed on a case by case basis - the provider must submit a Medical Procedure/Device Service Authorization Request - SFN511
<http://www.nd.gov/eforms/Doc/sfn00511.pdf>

RECOMMENDATIONS

- Claim for the adjustment of a gastric lap band must be submitted with the QHA service authorization number
OR
- Service authorization (SFN 511) must be submitted to ND Medical Services Utilization Review Administrator PRIOR to the gastric lap band adjustment when the recipient had the gastric lap band placement prior to becoming eligible for ND Medicaid

Post-payment reviews will be performed to verify compliance with ND Medicaid guidelines